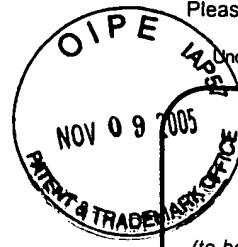


Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/001,895
		Filing Date	November 19, 2001
		First Named Inventor	Hull
		Group Art Unit	2179
		Examiner Name	Bautista, X. L.
Total Number of Pages in This Submission	6	Attorney Docket Number	15358-006500US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Return Receipt Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement with SB08A and SB08B	<input type="checkbox"/> Request for Refund	2. Fee Transmittal Form - PTO/SB/17
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	3. Six (6) references
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. Total number of pages does not include cited references.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP George B. F. Yee	Reg No. 37,478
Signature		
Date	November 7, 2005	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

November 7, 2005

Typed or printed name	Christopher R. Fitting		Date	November 7, 2005
Signature				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

60626480 v1

O I P E
IAP57
NOV 9 2005

Effective on 08/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).
FEET TRANSMITTAL
For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$180.00)

Complete if Known

Application Number	10/001,895
Filing Date	November 19, 2001
First Named Inventor	Hull
Examiner Name	Bautista, X. L.
Art Unit	2179
Attorney Docket No.	015358-006500US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$)

50

25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200

100

Multiple dependent claims

360

180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
-20 or HP =	x	\$	\$0	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-3 or HP =	x	\$	\$0	_____	_____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	_____

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement (after office action)

180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 37,478	Telephone (650) 326-2400
Name (Print/Type)	George B. F. Yee		Date November 9, 2005

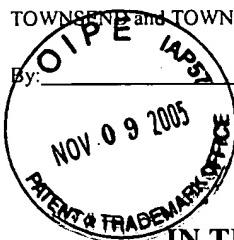
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On _____

TOWNSEND and TOWNSEND and CREW LLP

By: _____



PATENT
Attorney Docket No.: 015358-006500US
Client Reference No.: ID-RSV-263

11/1/05
Chris Fitts

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

JONATHAN HULL et al.

Application No.: 10/001,895

Filed: November 19, 2001

For: PAPER-BASED INTERFACE FOR
MULTIMEDIA INFORMATION

Examiner: Xiomara L. Bautista

Art Unit: 2179

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98

11/10/2005 AKELECHI 00000002 201430 10001895
01 FC:1806 180.00 DA

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on the attached PTO/SB/08A and PTO/SB/08B forms are being called to the attention of the Examiner. Copies of the references [in compliance with the requirements of 1287 OG 163] are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information, and no inference should be made that the information and references cited are, or are considered to be material to patentability because they are in this statement. No inference

should be made that the information and references cited are prior art merely because they are in this statement.

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance. Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



George B. F. Yee
Reg. No. 37,478

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 650-326-2400
Fax: 650-326-2422
GBFY:crf

60626448 v1



Substitute for form 1449A/PTO		Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>		Application Number	10/001,895
		Filing Date	November 19, 2001
		First Named Inventor	Hull, Jonathan J.
		Art Unit	2179
		Examiner Name	Xiomara L. Bautista
Sheet	1	of	2
		Attorney Docket Number	
		015358-006500US	

U.S. PATENT DOCUMENTS+

FOREIGN PATENT DOCUMENTS

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ² Applicant's unique citation designation number (optional).
³ Kind Codes of U.S. Patent Documents at www.uspto.gov or MPEP 901.04. ⁴ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁵ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁶ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁸ Applicant is to place a check mark here if English language Translation is attached.
60626448 v1



Substitute for form 1449B/PTC INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Complete if Known	
Sheet	2	of	2	Application Number	10/001,895
				Filing Date	November 19, 2001
				First Named Inventor	Hull, Jonathan J.
				Art Unit	2179
				Examiner Name	Xiomara L. Bautista
				Attorney Docket Number	015358-006500US

NON PATENT LITERATURE DOCUMENTS				
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		T ²
	AO	"About Telus investors glossary," pages 1-7 downloaded from http://about.telus.com/investors/glossary.html on 4/14/05.		
	AP	"Computer Terms," pages 1-8 downloaded from http://www.park-meadow.org/computer_terms.htm on 4/14/05.		
	AQ	"Glossary for computer hardware and micro scope," pages 1-11 downloaded from http://www.mumbaicyber.com/glossary_com_hardware_micro.asp on 4/14/05.		
	AR	"Glossary: What Does It Mean?," pages 1-3 downloaded from http://www.fairfield.k12.ct.us/fairfieldhs/cfairfieldhs03/glossary.htm on 4/14/05.		
	AS	"IT&T Talk", pages 1-4 downloaded from http://www.iib.qld.gov.au/itcareers/talk.asp on 4/14/05.		
	AT	"Multimedia" pages 1-2 downloaded from http://en.wikipedia.org/wiki/Multimedia on 4/14/05.		

Examiner Signature	Date Considered
--------------------	-----------------

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.